

CAMPAIGN FINANCE REPORT STATE OF WISCONSIN		4-13-10 to 6-30-10 MILWAUKEE COUNTY ELECTION COMMISSION 2010 JUL 20 PM 4:24 RECEIVED OFFICE USE ONLY
Is This Report an Amendment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Instructions for completing schedules are on the back of each schedule.		
COMMITTEE IDENTIFICATION		
Name of Committee		
Street Address		
City, State and Zip Code		
Friends of Corey Easter 4840 N 61st St Milwaukee, WI 53210		WSEB ID Number:

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

<input type="checkbox"/> January Continuing	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Spring	<input type="checkbox"/> Fall	<input type="checkbox"/> Special	<input type="checkbox"/> Termination Report also complete Schedule 4
<input checked="" type="checkbox"/> July Continuing 2010	<input type="checkbox"/> Pre-Election	<input type="checkbox"/> Spring	<input type="checkbox"/> Fall	<input type="checkbox"/> Special	

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1A. Contributions (Including Loans) from Individuals	\$ 200	\$ 1105	\$ 200.00	\$ 1105.00
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0	\$ -	\$ -
1C. Other Income and Commercial Loans	\$ 0	\$ 0	\$ -	\$ -
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 200	\$ 1105	\$ 200.00	\$ 1105.00
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 327.68	\$ 1,041.00	\$ 327.68	\$ 1,041.00
2B. Contributions to Committees (Transfers-Out)	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 377.68	\$ 1,091.00	\$ 377.68	\$ 1,091.00

CASH SUMMARY

Cash Balance Beginning of Report	\$ 191.68	\$ 191.68
Total Receipts	\$ 200.00	\$ 200.00
Subtotal	\$ 391.68	\$ 391.68
Total Disbursements	\$ 377.68	\$ 377.68
CASH BALANCE END OF REPORT	\$ 14.00	\$ 14.00
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ -	\$ -
LOANS (Balance at the Close of This Period-3B)	\$ -	\$ -

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date:
Joe M. Hooper	<i>[Signature]</i>	7-20-10
		Daytime Phone: 414-202-1628

The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

 Page 1 of 1

Complete Committee Name

Friends of Corey Foster

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
4/19/10	Corey Foster 4840 N 61st Milwaukee, WI 53210	Candidate	\$200	\$600
				Office Use
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
/ /				
				Office Use
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /				
				Office Use
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /				
				Office Use
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /				
				Office Use
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /				
				Office Use
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /				
				Office Use
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /				
				Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 200	200.00
TOTAL ITEMIZED CONTRIBUTIONS			\$ 200	200.00
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$ —	—
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 200	200.00

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Page 1 of 1

Complete Committee Name

Friends of Corey Foster

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
4/23/10	<u>United States Postal Service</u> <u>845 W 5th Paul,</u> <u>Milwaukee, WI 53203</u> Check if: <input checked="" type="checkbox"/> In-Kind Offset	<u>Stamps</u>	<u>132.00</u>	
5/3/10	<u>union copies</u> <u>3660 S. 43rd St Milwaukee, WI</u> <u>53219</u> Check if: <input checked="" type="checkbox"/> In-Kind Offset	<u>Flyers</u>	<u>79.20</u>	
4/20/10	<u>Office Depot</u> <u>5433 W Fond Du Lac</u> <u>Milwaukee, WI 53216</u> Check if: <input checked="" type="checkbox"/> In-Kind Offset	<u>Supplies</u>	<u>3.70</u>	
1/1	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input checked="" type="checkbox"/> In-Kind Offset	<u>returned check</u> <u>from previous</u> <u>report</u>	<u>75.00</u>	
1/1	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input checked="" type="checkbox"/> In-Kind Offset			
1/1	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input checked="" type="checkbox"/> In-Kind Offset			
1/1	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input checked="" type="checkbox"/> In-Kind Offset			
1/1	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input checked="" type="checkbox"/> In-Kind Offset			
1/1	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input checked="" type="checkbox"/> In-Kind Offset			

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 289.90 289.90

TOTAL ITEMIZED EXPENDITURES

\$ 289.90 289.90

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ 37.78 37.78

TOTAL EXPENDITURES

\$ 327.68 327.68

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Page 1 of 1

Complete Committee Name

Friends of Carey Foster

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
1 / 1	<i>Friends of Carey Foster</i> <i>3835 N 54th St Milwaukee, WI 53218</i> Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# <i>#0104213</i>	<i>50.00</i>	<i>50.00</i>	
1 / 1	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
1 / 1	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
1 / 1	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
1 / 1	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
1 / 1	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
1 / 1	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
1 / 1	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
1 / 1	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
1 / 1	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ <i>50.00</i>		<i>50.00</i>
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ <i>50.00</i>		<i>50.00</i>